

POSITION DESCRIPTION *(Please Read Instructions on the Back)*

1 Agency Position No

2. Reason for Submission

☐ Redescription
☐ Reestablishment☐ New
☐ Other

3. Service

☐ Hdqtrs ☐ Field

4. Employing Office Location

5. Duty Station

6 OPM Certification No

Explanation *(Show any positions replaced)*

7. Fair Labor Standards Act

☐ Exempt ☐ Nonexempt

8. Financial Statements Required

☐ Executive Personnel Financial Disclosure ☐ Employment and Financial Interests

9. Subject to IA Action

☐ Yes ☐ No

10. Position Status

☐ Competitive
☐ Excepted *(Specify in Remarks)*
☐ SES (Gen.) ☐ SES (CR)

11. Position Is

☐ Supervisory
☐ Managerial
☐ Neither

12. Sensitivity

☐ 1—Non-Sensitive ☐ 3—Critical-Sensitive
☐ 2—Noncritical-Sensitive ☐ 4—Special-Sensitive

13. Competitive Level Code

14. Agency Use

15. Classified/Graded by

Official Title of Position

Pay Plan

Occupational Code

Grade

Initials

Date

a. U.S. Office of Personnel Management

b. Department, Agency or Establishment

c. Second Level Review

d. First Level Review

e. Recommended by Supervisor of Initiating Office

16. Organizational Title of Position *(if different from official title)*17. Name of Employee *(if vacant, specify)*

18. Department, Agency, or Establishment

c. Third Subdivision

a. First Subdivision

d. Fourth Subdivision

b. Second Subdivision

e. Fifth Subdivision

19. Employee Review—This is an accurate description of the major duties and responsibilities of my position

Signature of Employee *(optional)***20. Supervisory Certification.** I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the

knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor

b. Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*

Signature

Date

Signature

Date

21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position

Typed Name and Title of Official Taking Action

Signature

Date

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

23. Position Review

Initials

Date

Initials

Date

Initials

Date

Initials

Date

Initials

Date

a. Employee *(optional)*

b. Supervisor

c. Classifier

24. Remarks

DISTRIBUTION:

- ☐
- Classification Copy
-
- ☐
- Supervisor's Copy
-
- ☐
- Employee's Copy
-
- ☐
- OPF Copy

25. Description of Major Duties and Responsibilities *(See Attached)*